



Preceptor Profile

The information collected below is required to maintain our accreditation. Thank you for your help.

Please *print* the following information:

DATE: _____

PRECEPTOR NAME: _____

CREDENTIALS: _____ LICENSE #: _____

SPECIALTY / POPULATION FOCUS: _____

YEARS in PRACTICE: _____ # of STUDENTS CURRENTLY PRECEPTING: _____

CERTIFICATION (Certifying Body): _____

PRACTICE NAME: _____

PRACTICE ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

PREFERRED EMAIL: _____

Please return to Heather Clarkson: heather.clarkson@nurs.utah.edu